									Application or Docket Number					
9	PATENT	R	)	_			_							
		Effec	tive Octol	ber 1, 20	003	1			つり/	4	16 4	485		
		CLAIMS A	S FILED - PART I (Column 1) (Column 1)			SMAL SIMPLE TYPE			L ENTITY OF		OTHER THAN R SMALL ENTITY			
TOTAL CLAIMS			8					RATE	FEE	7	RATE	FEE		
FO	OR .	The state of the s	NUMBER FILED NUMB			BER EXTRA	,	BASIC FE	E 385.00		BASIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			20 minus 20= * -					X\$ 9=		OR				
INDEPENDENT CLAIMS			1) minus 3 = * -					X43=	-	OR	V00			
Мι	JLTIPLE DEPE	NDENT CLAIM P	less than zero, enter "0" in column 2  MENDED - PART II  (Column 2) (Column 3)					+145=		OR		290		
* If	the difference	e in column 1 is						TOTAL		OR	<u> </u>	1060		
		CLAIMS AS A (Column 1)						SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE		
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	** @ l		
AME	Independent	*	Minus	***		=		X43=		OR	X86=			
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM			. 4 4 5			+290=			
							l	+145=		OR	TOTAL			
							,	ADDIT. FEE		OR	ADDIT. FEE			
		(Column 1)		(Colun		(Column 3)								
AMENDMENT B	,	REMAINING AFTER AMENDMENT		NUME PREVIO	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=			
	Independent	*	Minus	***	F	=		X43=			X86=			
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT		ŀ		<del></del>	UH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
							L	+145=		OR	,	•		
		•					A			OR				
		(Column 1)				(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA	Ī	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
<b>∑</b>	Total	*	Minus	**		=	ľ	X\$ 9=		OR	X\$18=			
	Independent	* .	Minus	***		=	+	X43-			X86-			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	ハマンニ	,	OR	700=			
			:	HIGHEST NUMBER PRESENT EXTRA  PAID FOR  HIGHEST NUMBER PREVIOUSLY PAID FOR  ***    ***   =										
** 11	the "Highest Nur	nber Previously Pa	id For" IN THIS	S SPACE is	less than	20, enter "20."	Δ.			OR ,				
****  T	f the "Highest Nur 'he "Highest Num	mber Previously Pa ber Previously Paid	iid For" IN THIS 3 For" (Total or	S SPACE is Independer	less than nt) is the l	3, enter "3." highest number			oropriate box					
	•											1		